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									والمتحدث والمتحدث والمتحدث			
PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number				
	PATENT A	10064075										
CLAIMS AS FILED - PART I								IALL E	• ,		OTHER	THAN
T = 2			(Column	1)	(Column 2)		TY	PE [		OR	SMALL	ENTITY
TOTAL CLAIMS			23					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		B/	ASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			23 minus 20=		* Ø			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		* Ø			X42=		OR	X84=	
MU	ILTIPLE DEPEN	IDENT CLAIM PF	RESENT					+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in colu			olumn 2	L	OTAL	200	OR	TOTAL	
CLAIMS AS AMENDED - PART II									5 10	,	OTHER	THAN
	J	(Column 1)	(Column 2)			(Column 3)	n 3) SMALL		ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	G G	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR.	X\$18=	,
	Independent	*	Minus	***	-	=	H	X42=		1	X84=	<del></del>
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		-	~~	<u> </u>	OR	7.0 .	
		,					-	140=		OR	+280=	
					-		AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						$\vdash$					
+140=										OR	+280=	
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												_
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	9	HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<b>(\$ 9=</b>		OR	X\$18=	
	Independent	*.	Minus	***		=		X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
+140=										OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												· · · · · · · · · · · · · · · · · · ·
***	ir the "Highest Nu The "Highest Num	mber Previously Pa ber Previously Pai	aid For" IN THI d For" (Total o	S SPACE I r Independe	s iess tha ent) is the	n 3, enter "3." highest number	found	in the ap	propriate box	k in col	umn 1.	

FORM DTO 678 (Dec 0/04)